



# REPRESENTATION PETITION

Is this an amended petition? ☐ Yes ☒ No If yes, provide the case number: \_\_\_\_\_**PARTIES** Include information for all parties involved.

**EMPLOYER** Cascade Valley Hospital  
**Contact** Lisa Marie Gustafson  
**Title** Sr. HR Business Partner  
**Address** PO Box 1376  
**City, State, ZIP** Mount Vernon, WA 98273  
**Phone** \_\_\_\_\_ **Ext.** \_\_\_\_\_  
**Email** lgustafson@skagitregionalhealth.org

**PETITIONER** UFCW 3000  
**Contact** Indira Trejo  
**Title** Campaigns Director  
**Address** 5031 1st Ave South Suite 200  
**City, State, ZIP** Seattle, WA 98134  
**Phone** 951-347-1317 **Ext.** \_\_\_\_\_  
**Email** itrejo@ufcw3000.org

**CURRENT BARGAINING REPRESENTATIVE**

(If One Exists) SEIU Healthcare 1199  
**Contact** Teresa Tobin  
**Title** Organizing Director  
**Address** 15 S. Grady Way STE 200  
**City, State, Zip** Renton, WA 98057  
**Phone** \_\_\_\_\_ **Ext.** \_\_\_\_\_  
**Email** teresat@seiu1199nw.org

**TYPE OF REQUEST** Select ONE of the following.

- ☐ **NEW ORGANIZING** to be certified as the representative of employees currently unrepresented.
- ☐ **ADD UNREPRESENTED EMPLOYEES** to an existing bargaining unit as described in WAC 391-25-080.
- ☒ **CHANGE REPRESENTATIVE** of existing bargaining unit.
- ☐ **REMOVE REPRESENTATIVE** of existing bargaining unit.

**BARGAINING UNIT**

For a new organizing petition, fill out section 2. For a petition to add unrepresented employees, fill out **both** sections 1 and 2. For a petition to change or remove the representative, fill out section 1.

**SECTION 1—Describe the Existing Bargaining Unit:**

All full-time, regular part-time, and on-call employees of Cascade Valley Hospital in the following job classifications

(See Attached)

**Number of Employees in Existing Unit** 171

**SECTION 2—Describe the Proposed Bargaining Unit:**

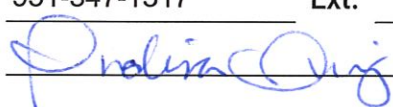
**Number of Employees in Proposed Unit** \_\_\_\_\_

If a CBA exists, what is the expiration date? 11/01/2022

**SHOWING OF INTEREST**

A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed with the petition. **See instructions for more information.**

**PETITIONER REPRESENTATIVE**

**Name** Indira Trejo  
**Address** 5031 1st Ave. South Suite 200  
**Phone** 951-347-1317 **Ext.** \_\_\_\_\_  
**Signature** 

**Title** Campaigns Director  
**City, State, ZIP** Seattle, WA 98134  
**Email** itrejo@ufcw3000.org  
**Date** 3/22/23

# Instructions for Filing a Representation Petition

*Do not file this page with PERC.*

## Who Can File a Petition?

The petitioner is the party who files the petition and may be an individual employee or a union. For more detailed information please refer to our website at [perc.wa.gov/elections](http://perc.wa.gov/elections). For applicable rules, visit [perc.wa.gov/laws-rules](http://perc.wa.gov/laws-rules) and refer to chapters 10-08, 391-08, and 391-25 WAC.

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## Filing Time Frame

A petition may be filed at any time if you (1) intend to organize a new bargaining unit or (2) your contract has expired and a new contract has not yet been signed.

A petition to change or remove the representative can only be filed during a 30-day window period, which is determined by the expiration date of the current contract:

- For employees covered by chapter 41.80 RCW, the window period begins 120 days and ends 90 days before the contract expires.
- For employees covered by all other statutes, the window period begins 90 days and ends 60 days before the contract expires.
- If PERC has issued a certification, no petition involving the same employees may be filed for 12 months from the date of the certification.

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## Showing of Interest

A showing of interest is individual papers/cards from at least 30 percent of the employees in the bargaining unit. Each card must be signed and dated and clearly state the desired outcome. Example language for the card is as follows:

I want to be represented by [name of union] for the purpose of collective bargaining. OR

I no longer want to be represented by [name of union] for the purpose of collective bargaining.

A sheet of paper with multiple signatures will not be accepted. The showing of interest cards are confidential and should be filed ONLY with PERC. Showing of interest cards may be submitted electronically, provided the copy is legible. Do not provide copies of the cards to other parties.

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## Filing and Service

Documents may be submitted to PERC by email attachment, by fax, by mail, or in person. Email filing is preferred and no paper copies are required.

- Email to [filing@perc.wa.gov](mailto:filing@perc.wa.gov)
- Fax to 360.570.7334
- Mail to PO Box 40919, Olympia WA 98504-0919
- Hand Deliver to 112 Henry St NE, Olympia, WA 98506

Service is required on all parties to the case and is considered complete when the document is received by email, fax, or hand delivery or when the document is put into the mail. A certificate of service is required to show when, how, and on whom the document was served. A certificate of service form can be found at [perc.wa.gov/file-a-case](http://perc.wa.gov/file-a-case).



## Section 1- Describe the Existing Bargaining Unit:

### Cascade Valley Hospital Bargaining Unit

All full-time, regular part-time and on-call employees of Cascade Valley Hospital in the following job classifications: Acute Care Health Unit Coordinator, Certified Nursing Assistant, Certified Nursing Assistant I, OR Technician, Surgical Services Assistant I, Anesthesia Technician, Sterile Processing Technician, Lab Assistant, Lab Tech – MLT, Lab Tech ASCP, Diagnostic Support Technician, Ultrasound Technician, Radiology Technology I, Radiology Technician II, Nuclear Medicine Technician, Pharmacy Technician A, Respiratory Therapy 1, Respiratory Therapy 2, Emergency Room Technician, Patient Services Representative/Hospital, Cook, Dietician, Host/Hostess, Kitchen Assistant, Laundry Distribution Technician, Buyer, Distribution Clerk, Storekeeper, Maintenance Engineer II, Facility Technician, Admitting Representative, Coding Coordinator, Coding Specialist, Coding Specialist – ER, Coding Specialist – Wound Care, MPI Coordinator, Medical Record Specialist, ED Unit Secretary, Security Officer, MSW/Case Management – Cascade; and EXCLUDING managers, supervisors, confidential employees all other professional employees, temporary employees, financial employees, business office employees, information technology employees, clinic employees, employees in other bargaining units, and all other employees.

**BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION  
STATE OF WASHINGTON**

United Food and Commercial Workers  
Local 3000

Petitioner/Complainant/Filing Party

v.

Cascade Valley Hospital (Snohomish  
Public Hospital District 3)

Respondent/Responding Party

Case Number

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this (*title of document*) PERC Change of Representation  
on all parties or their counsel of record on (*date*) 3/22/23

To:	Name	Lisa-Marie Gustafson, Sr HR			
	Organization	Cascade Valley Hospital	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail	
	Address	PO Box 1376	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail	
	City, State, ZIP	Mount Vernon, WA 98273	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail	
	Email	lgustafson@skagitregionalhealthl			
	Fax				
To:	Name	Teresa Tobin			
	Organization	SEIU Healthcare 1199	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail	
	Address	15 S Grady Way STE 200	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail	
	City, State, ZIP	Renton, WA 98057	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail	
	Email	teresat@seiu1199nw.org			
	Fax				
To:	Name				
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail	
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail	
	City, State, ZIP		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail	
	Email				
	Fax				

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date signed and submitted 3/22/23

Print Name Indira Trejo

Signature





Certificate of Service (2019)

**From:** [Indira Trejo](#)  
**To:** [PERC, Filing \(PERC\)](#)  
**Subject:** UFCW3000 Filing Change of Representative for Cascade Valley Hospital (draft)  
**Date:** Wednesday, March 22, 2023 2:02:00 PM  
**Attachments:** image001.png  
Cascade-Valley-Hospital-Service-Contract-1.pdf  
Cascade\_Valley\_Authorization\_Cards\_Color\_3.pdf  
Cascade\_Valley\_Authorization\_Cards\_Color\_2.pdf  
Cascade\_Valley\_Authorization\_Cards\_Color\_1.pdf  
PERC\_CHANGE REPRESENTATIVE\_PETITION\_UFCW3000\_CASCADE\_VALLEY\_3.22.23.pdf

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External Email

Good afternoon,

My name is Indira Trejo, Campaigns Director at UFCW Local 3000. Attached please find a change of representative petition at Cascade Valley Hospital (Snohomish Public Hospital District 3) from SEIU 1199 NW to UFCW 3000.

Attached please find the following documents:

- Form E-1 Representation Petition
- Certificate of Service
- Showing of Interest
- Cascade Valley Hospital Service Contract with SEIU 1199NW

Please let me know if you have any questions or concerns.

Indira Trejo  
Campaigns Director | Public Sector | Internal Growth  
United Food and Commercial Workers Local 3000  
M: 951.347.1317



[www.ufcw3000.org](http://www.ufcw3000.org)

***Our mission is to build a powerful Union that fights for economic, political and social justice in our workplaces and in our communities.***

*This electronic message transmission contains information which may be confidential or privileged. The information is intended to be for the use of the individual or entity named above. If you are not the intended recipient, please be aware that any disclosure, copying, distribution or use of the contents of this message is prohibited.*

***If you wish to speak with a representative about filing a grievance you must do so by calling your representative or the Member Resource Center at the following telephone number, 1-866-210-3000. To ensure grievances are filed timely and processed, Local 3000 does not confer***

***with members about filing grievances through its e-mail system.***